TO HOSFITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or altending physician.

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DIRECTOR: After this certificate has been signed by the attending physician and completely din by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Set I and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

VR A15 (4) 15M 7/61

MAKTLAND STATE DIVISION OF STATISTICAL RESEARCH AND RECORD	S. 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
D1169 CERTIFICA	TE OF DEATH 01148
1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before edmission)
o. COUNTY	ASTATE OU . COUNTY A OUI
1AIDOT MARYLAND	MISIGLANI) CATICULENB
b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
FASTON 2 Hours.	JEN 10N 05x2
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress)	d. STREET ADDRESS o. IS RESIDENCE ON A FARM?
FASTON MEMORIAL NOSP.	YES NO N
3. NAME OF First Middle	Last 4. DATE Month Dey Year
DECEASED (Type or print)	0 of DESTH 1 (0 m // 10 / 2)
WILLIE SHECK	CARROLL SHIP.
M A MARKED LA	8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS, Ight birthday) Months Days Hours Min.
WIDOWED DIVORCED	QUINE 27,1010 65 ym.
10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	RY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
F-BRM OWNER TARMONG	MORY LAND KSTA
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
ALBERT CARRILL	ELIZA GRIFFIN
	INFORMANT Address
(Yes, no, or unknwn) (Hyesgive werordatesofservice)	PS WILLIE CARROLL DENTON, M
18. CAUSE OF DEATH (Enler only one cause per line-for (e), (b), and (c).)	I INTERVAL BETWEEN
	CAUSET AND DEATH
IMMEDIATE CAUSE (a) CECULE MEGIS	residial infarition 3lus
DUE TO	
Conditions, if any, which (b)	
geve rise to immediate cause	
(e), stelling the unberlying	
(c)	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY
0	PERFORMED?
5	YES NO
200. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED OR CONTRIBUTING CAUSE OF DEATH	D. (Enter nature of injury in Pert I or Port II of item 18.)
U (IF EITHER, NOTIFY MEDICAL EXAMINER)	
3 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PL	ACE OF INJURY (Home, ferm, 201, (City or town) (County) (State)
Hour e.m. 19 at work at work	tory, street, office bldg., etc.)
	19, to 16/kg, 1962, that (1) (we) last
21. I certify that (I) (this hospital) attended the deceased from	
	t death occured at 3.2.M, from the causes and on the date stated above.
220. SIGNATURE	ATTENDING MED. STAFF DIRECTOR PHYS. 16 fee 62
22c. PHYSICIAN'S NAME (Type)	22d. ADDRESS)
NAME (TYPOT HURSTON HARRISON	Carten May Church
236. BURIAL, CREMATION, 236. DATE THEREOF 23c. NAME OF CEMETERY	OR CREMATORY 23d. LOCATION (City, flown or county)
Bursol Jan 191962 DENT	ON DENTON, MD.
24 PUNERAL BIRECTOR'S SIGNATURE APPRESS	250. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE
Whiellham Vo Simto	DATE JAN 23 '62 Circlus S. Krane
the thinks a long as	DAIL WALL WAS ON Colored M. Forman



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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

Yes TO FUN.

Yes TO FUN.

Yes 3 should be detached for use as the burial-transit permit. Then please remove carbon papers.

Defined with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours afterdeath.

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	1	MARYLAND 5	TATE DEP	ARTMENT (OF HEALT	Н	
DIVISION OF	STATISTICAL	RESEARCH AND	RECORDS, 3	01 W. PREST	ON STREET.	BALTIMORE 1.	MARYLAND
611	63			OF DEAT			
V 4.4	. 17 (2)						11 2 4 1 .

1			
-	1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, If institution: Re	sidence before admission)
	ALBOT MARYLAND	. STATE MOTY (SINC) S. COUNTY TO	16-+
1	b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 16	c. CITY OR TOWN (it outside corporate limits, write RURAL and	give nearest town)
1	write RURAL end give pearest town)	V Oliver 1	
1	EASTON Layer	V OLEON	
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddless)	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?
	FASTON MEMORINE HOSPILLI	l'annual de la constant de la consta	YES NO
	3. NAME OFFirst Migdla	Last 4. DATE Month	Day Year
1	(Type or print) Ames	(so den DEATH	2- 1962
1	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8	DATE OF BIRTH 9. AGE (In years IF UNDER 1 Y	
н	Male WIDOWED DIVORCED TO		ays Hours Min.
H	10d. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTR	Y II. BIRTHPLACE (County & Stete, or toreign country) 12. CITIZ	EN OF WHAT COUNTRY?
ш	done during most of working life, even if refired)	IA 1	- WHAT COUNTRIT
1	[arread engineer	Mareland	40.
h	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
1	Harry S. Cosden	Mantuna Dovales	
1	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. I	NFORMANT Address	1. 1
1	(105, 110, of Binkown) (if yes give was or detes diservice)	re Flor Cosden Grand	Mal
-	18. CAUSE OF DEATH Enter only one cause per line for (e), (b), end (c),}	var Wiley and offered	INTERVAL BETWEEN
П	PART I. DEATH WAS CAUSED BY:	Carlina Da	ONSET AND DEATH
1	IMMEDIATE CAUSE (6) 1 1 Chap 1 Pro	ic was one	470
ш	The DUE TO DESTRUCTION OF THE DESTRUCTION OF THE DUE TO	cese	5
	Conditions, If any, which	rellitis.	
	geve rise to immediate couse (e), stating the underlying DUE TO		
	cause last. (c)		
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I	
	ATA ATA		YES NO
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO 200. ACCIDENT WAS UNDERLYING CAUSE OF DEATH CAUSE OF DEATH OF CONTRIBUTING CAUSE OF DEATH OF CONTRIBUTING CAUSE OF DEATH OF CONTRIBUTING CAUSE OF DEATH	(Enter nature of injury in Part I or Pert II of Item 18.)	THE LAND
	206. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED OR CONTRIBUTING CAUSE OF DEATH OF CHAPTER NOTIFY MEDICAL EXAMINER!		
- 1		CO OF MILION III.	
- 1		CE OF INURY (Home, ferm, 20f. (City or town) (Count ory, street, office bldg., etc.)	(Stete)
1	p,m, 19 et work et work		
	21. I certify that (I) (this hospital) attended the deceased from	1/17/6/ 180, 10/1/2 196	Z that (I) (we) last
-	saw the deceased alive on 1/2 196.2 and that	death occured at	
	22a- SIGNATURE		1/ / 22b. DATE
-1	(11Ha 05.00 CM)	ATTENDING MED. STAFF	157 SIGNED
	22c, MYSICIAN'S	22d. ADDRESS	16
	NAME (Type)	D. Easton, Maryland	1/5/62
1	238. BURIAL, CREMATION, 236. DATE THEREOF 23c. NAME OF CEMETERY (REMOVAL (Specify)	OR CREMATORY 23 d. LOCATION (City, town or county)	(Stete)
	Durial NAND, 1962 Spring Hill	(emetery Eastow, Maryli	2119
	24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	14	GNATURE
	Mauride F. Neumann Jon Gaston,	Md DATEJAN 8 '62 aring 8, 4	Trans
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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

OF 1 1 6 1 1 5 11

- 2	_	04107					2 11	1.7
1		PLACE OF DEATH		- A	CE (Where deceesed live		dence before a	dmission
		TOLKAT	MARYLAND	o. SATE DICY	LAND DO	ONTY ON	CHIL	NET
		b. CITY OR TOWN (if outside corporate limits,	LENGTH OF STAY IN 16	c. CITY OR TOWN (I	f outside corposate limits	write RURAL and gi	ve nearest tow	n)
		write RURAL and give neerest town)	5 drue	a	ENTON	1	5 y .	7
)	-	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital		d. STREET ADDRESS	E14 1 C16		e. IS RE	SIDENCE
		Ma					YES T	FARM
	3.	NAME OF MORIAL HOSpit	Middle	Last	4. DATE	Nonth D	lev Yeer	NO TH
		DECEASED (Type or print)	77 7.	1 J	OF			1 -
		Conco	K 414	TERSON		nuary à		62-
	5.	SEX 6. COLOR OR RACE 7, MARRIED	NEVER MARRIED	DATE OF BIRTH	9, AGE (In y	ley Months Day		Min.
1		N WIDOWED		ULY 7, 189	1 X F # Z	ni.	110412	Anth
	10a	ne during most of working life, even if retired)	OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (Coun	ly & Stete, or foreign cou	niry) 12. CITIZEN	OF WHAT C	OUNTRY?
1		Cook	OTEL	Willer	rond	u	1212	
	13.	FATHER'S NAME		14. MOTHER'S MAIDEN	NAME	0	-	1
		SHADKACK Vicker	Low	ANNAI	YAE LIL	inku	سم	
		WAS DECEASED EVER IN U.S. ARMED FORCES? 16. 50	CIAL SECURITY NO. 17. I	NPORMANT)	Ad Ad	dress	7	
	110	s, no, or unkown) (Ifyesgivewerordelesofservice)	10	aura /le	elcola 1) &	nton	hed.	
	1	18. CAUSE OF DEATH Enter only one cause per line	for (e), (b), end (c).]	7	1/		INTERVAL BET	WEEN
		PART I. DEATH WAS CAUSED BY:		0.0.			ONSET AND D	-
		1. 1	monary	2000 our	my	-	30 m	- W
		The SX DUE TO						
		Conditions, if early, which (b)						
		(a), stating the underlying DUE TO						
)		cause last. (c)						-
	O	PART II, OTHER SIGNIFICANT CONDITIONS CONTRIL	BUTING TO DEATH BUT NO	T RELATED TO THE TERMIN	NAL DISEASE CONDITION	GIVEN IN PART 16	19. WAS AL	
	CERTIFICATION	Cerebral th	wisedomas	due to cerel	bral arteri	prelevosis		NO X
	THE	2De. ACCIDENT WAS UNDERLYING ☐ 2Db. DESCRIE OR CONTRIBUTING ☐ CAUSE OF DEATH	BE HOW INJURY OCCURED	(Enter natura of injury in	Part I or Part II of item 18.)		
		(IF EITHER, NOTIFY MEDICAL EXAMINER)						
	MEDICAL	2Dc. TIME OF INJURY Month, Day, Yeer 20d. INJU	URY OCCURRED 2De. PLA			(County)	(State)
	VEDI	Hour e.m. While et work	1401 111110	ory, street, office bldg., etc.	3)			
	-	9-III. 19 how		1120	1962 10.1/2	4 196	2 - 4 - 7 - 7	and I and
		21. I certify that (I) (this hospital) attended	4 .		2111.6	/		
		saw the deceased alive on 22a. SIGNATURE	IY, and that	deeth occured atua.		ses and on the		DATE
		m 17 .L	0.00		AED. STAFF		do 1 /00	SIGNED
		220, PHYSICIAN'S	Mer W	D. PHYS. D	DIRECTOR PHYS.	-	1/ C)	0/02
-		NAME (Type)	40	_				
		Robert W. Trever	**		Maryland		1/25/	62
	23a	REMOVAL ISSUEID - 7 10/4	Se. NAME OF CEMETERY	11 4	23d, LOCATION City	, lown or county)	(A (Ste	ete)
	-	mond dan 4, 1962	St Ga	ulo	1 Wille	otow, "	td.	
1	24	FUNERAL PRECTOR'S SIGNATURE	ADDRESS	11 / 250: REC	D BY REGISTRAR 256.	REGISTRAR'S SIGN	NATURE	
1	1	1 100 out son	person	MARTAN	130'62	Ciritury S. The	all A	
	-			and the same of th				

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

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15M 7/61

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 11151

	1	. PLACE OF DEATH	SUAL RESIDENCE (Where decessed lived, If institution, Residence before admission)
		a. COUNTY TALBOT MANYLAND 8.	PMTED BY LOND B. COUNTY CAROLINE
		b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b c. wrife RURAL and give-mearest town)	City OR TOWN (If outside comporate limits, write RURAL and give nearest lown)
		Easton de dup	TENTON 05x.2
		d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d.	. STREET ADDRESS 8. IS RESIDENCE ON A FARM?
		EASTON Memorial Hospital	YES NO X
	3.	3. NAME OF First Aiddle	Lest 4. DATE Month Day Year
		(Type or print) Kilip Whatkingtow D	DWARS JR DEATH Jan, 9, 1962
) [5.	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE	OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
		MIDOWED TO DIVORCED DIVORCED DIVORCED	4 19, 1903 Syrs. Months Days Hours Min.
	10a do	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
	6	TITI SERVICE EDGEWOOD BROWNEL	MARY LONG MAA
	13.	13. FATHER'S NAME	NOTHER'S MAIDEN NAME
		MATTER DOMPER ZU	MORA JOHN SON
		15. WAS DECEASED EYER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORT	MANT Address 2132 Bolto
		MRS	MILDRED ALSTROM, BALTI, MS
		18. CAUSE OF DEATH [Enter only one cause paying [gr (e), (b), end (c),] PART I, DEATH WAS CAUSED BY:	INTERVAL BETWEEN ONSEDAND DEATH
		IMMEDIATE CAUSE (e)	er c hepstil coma
		DUE TO ON	1 0 60
		Conditions, if any, which (b) Christie & actual	11 alloworks
		(a), staling the underlying DUE TO	
,		cause last. (c)	\$
	O	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELAT	TED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
	CAT	Selemania- with saffice	· Cui la
	CERTIFICATION	200, ACCIDENT WAS UNDERLYING [] 20b. DESCRIBE HOW INJURY OCCURED. (Enter OR CONTRIBUTING [] CAUSE OF DEATH	neture of injury in Pert I or Pert II of item 18.)
	MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF II Hour s.m. While Not While	INJURY (Home, farm, 20f. (City or town) (County) (State)
	ME	p.m. 19 at work at work	11161
		21. I certify that (I) (this hospital) attended the deceased from	1962, to 9 free , 1962, that (1) (we) last
			occured at from the causes and on the date stated above,
		220. SIGNATURE Access and A	TTENDING MED STAFF 22b. DATE
		M.D.	HYS. DIRECTOR PHYS. 1 Copie 62
		NAME (Type) THURSTON HARRISON 22	Cartan Mary land
	72-	13a BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CRE	
	B	BELLO SOCIAL DAN 11, 1962 DENTON	DENTON MO
	24	24 FEMERAL DIRECTOR'S, SIGNATURE ADDRESS	256. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE
	1	YI INDOUTSON Jenion 11	DATE JAN 15 62 Cuthun I. Hams
-	7		

38 000 Politics were about the year story of TO EATH IN HAVING - AN GHALL PLANT WHAT MADE TO THE PARTY OF MIZITARIS PLAN THE ENGLEP LIFERTHY 2132,800 PERSON PROPERTY OF THE 25 M Lerhat Sun Hab Jak L as the following the state of t TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

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15M 7/61

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND O1166 CERTIFICATE OF DEATH

1.	PLACE OF DEATH o. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before edmission)
-	TALBOT MARYLAND	a. STATE aryland b. COUNTY Caroline
	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
	EASTON / days.	Rural Greensboro
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS a. IS RESIDENCE
3	EASTEN Menorial Hosp.	None ON A FARMY
۷.	DECEASED 14 / 11.	Last 4. DATE Month Day Yeer
Ļ	(Type or print) William Kaymond	Descr DEATH 1- 15 19 62
5.	The state of the s	DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) Months Days Hours Min.
	Male White WIDOWED DIVORCED	June 22,1914 47 yrs. Months Days Hours Min.
10c		Y 13. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
	uto Mechanic Filling Stati	on Maryland U.S.A.
13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	Herman Dyer	Elsie Griffin
15.	WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 1 17. I	
121	Yes WW11 215-01-0115 L	ouise Dyer Greensboro, Maryland
-	18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).]	INTERVAL BETWEEN
		wantage - E left hunplegia ONSET AND DEATH
		may e up varingia may.
	DUE TO	
	Conditions, if eny, which (b) gave rise to immediate cause	
	(e), steling the underlying DUE TO	
	cause last. (c)	
8	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?
F	Exolutial lighest	lees wer YES NO IX
CERTIFICATION	206. ACCIDENT WAS UNDERLYING 206. DESCRIBE HOW INJURY OCCURED. OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	. (Enter nature of injury in Pert I or Part II of item 18.)
₹		CE OF INJURY (Home, farm, † 20f. (City or town) (County) (State)
MEDICAL	Hour a.m. While Not While tector	ory, straet, office bldg., etc.)
×	p.m. 19 st work st work	
	21. I certify that (I) (this hospital) attended the deceased from	
	saw the deceased alive on 15 me 19.62, and that	death occured at.J
	22a, SIGNATURE	ATTENDING MED. STAFF 22b. DATE
	Jamotan Harris dan M.	ALDIE WILLIAM DISTANCE DE LA CONTRACTOR
	22c. PHYSICIAN'S	22d. ADDRESS 67 A
	NAME THOUR STON HARRISON	Chot Ne Mary Court
234	BURIAL, CREMATION, 236, DATE THEREOF 23c, NAME OF CEMETERY	OR CREMATORY 23d. LOCATION (City, flown or county) (Slete)
	REBUTIST 1-19-62 Greensbor	o Greensboro, Maryland
24	SUNERAL DIRECTOR'S SIGNATURE () ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
	4. E. Brille il Harry Omes	M.O. DATE JAN 17'62 arthur S. Kraus
-	1 There are the contraction of	11 Oct 1 Paris
- 1		

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RESTON STREET, BALTIMORE 1, MARYLAND **DIVISION OF STATISTICAL RESEARCH** CERTIFICATE OF DEATH funeral 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If institution: Residence before admission) by the and 2 s MARYLAND OR TOWN (if outside corporate limits, OR TOWN (If outside corporate limits, write RURAL and give nearest town) .⊆ after within e. IS RESIDENCE 77. OR INSTITUTION if not in hospita, a ON A FARM? SHINGTON 72 hours YES NO completely papers. executed NAME OF DECEASED DEATH (Type or print) 19 within carbon IF UNDER 24 HRS. AGE (In years | IF UNDER 1 YEAR last birthday) and Months Days Hours W.DOWED 12. CITIZEN OF WHAT COUNTRY? attending physician remove or (ora gn country) please Then ARMED FORCES? (If yes give war or datas of service After this certificate has been signed by the tached for use as the burial-transit permit. 18. CRUSE OF DEATH [Inter only one cause per line for (a), (b), and (c), ONSET AND DEATH IMMEDIATE CAUSE (a) DUE TO Conditions, if eny, which (6) geve risa to immadiata ceuse DUE TO (e), stating the underlying burial, cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO PEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY CERTIFICATION PERFORMED! 20b. DESCRIBE HOW INJURY OCCURED. (Entar nature of injury in Part I or Part II of itam 18.) 2Da. ACCIDENT WAS UNDERLYING OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 2Dd. INJURY OCCURRED 2De, PLACE OF INJURY (Homa, farm, 20f. (City or town) (County) (State) 20c. TIME OF INJURY Month, Day, Year factory, straet, office bldg., etc.) While Not While Hour a.m. at work at work DIRECTOR 1960 21. | certify that (I) (this hospital), attended the deceased from ... 19.62, and that death occurred at 2...M, from the causes and on the date stated above. saw the deceased alive on. ATTENDING 22Ь. DATE 22a. SIGNATURE SIGNED MED. STAFF PHYS. DIRECTOR M.D. 22d. ADDRES 22c. PHYSICIAN'S death. Padirector NAME (Type) 23d_LOCATION (City, towar of county 230 - BUBIAL, CREMATION, OR CREMATORY 25b. REGISTRAR'S SIGNATURE YR A1II (4) arthur S. Thomas 15M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEAR **BALTIMORE 1. MARYLAND** FICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution, Residence before edmission) e. COUNTY files. director, Page is necessary, MARYLAND b. CITY OR TOWN (I outside corporete c. LENGTH OF STAY IN 16 outside corporete lights, write RURAL end give neerest town) d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress) . IS RESIDENCE ON A FARM? YES TO NO T 3. NAME OF M ddle 4. DATE Month DECEASED OF DEATH (Type or print) with LOR OR RACE AGE (In yours | IF JNDER 1 YEAR IF UNDER 24 HRS 7. MARRIED X NEVER MARRIED age 5 may 1 and 2 with 72 hours a last b rthday) Months Deys Hours MIDOWED DIVORCED 12. CITIZEN OF WHAT COUNTRY? form P/M3. Page most of work no life, even if retired) Abo Rek in Dencil in Item 18. Give Pages 16. SOCIAL SECURITY NO.1 permit. (If yes give we ror detes of service) Office along with buriel-transit permi 18. CAUSE OF DEATH (Enter only one cause per line for (e), (b), and (c).) ONSET AND DEATH PART I. DEATH WAS CAUSED 8Y IMMEDIATE CAUSE (e) DUE TO Conditions, if eny, "pending" geve rise to immediate cause "xaminer's 60 **DUE TO** (a), stating the underlying SS 6 cause lest. pesn PART II. OTHER SIGN FICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1/8/1 19. WAS AUTOPSY CERTIFICATION PERFORMED? Is the certificate, writing the word orwarded to the Chief Medical Intraction Part 3 should be cremar NO 200. EXTERNAL CAUSE WAS 20b. DESCRISE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Part I of item 18.) PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20c. TIME OF INJURY Month, Dev. Year 20f. (City or lown) (County) (Stete) Not While fectory, street, office bldg., etc.) 0 While at work al work prior 21. I certify that I took charge of the remains described above, held an Autopsy | Inspection Inquiry and in my opinion death resulted from: Suicide Natural causes Homicide Undetermined manner CHIEF MEDICAL EXAMINER designated SCTUSI. ASSISTANT MEDICAL EXAMINER DATE SIGNED FUNERAL SIGNATURE DEPUTY MEDICAL EXAMINER EXAMINER'S DEPUT NAME (Type) 6358 BX should Address (Street, city, lown, or county) 22a, BURIAL, CREMATION. 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY POCATION (City, town, or country) MOVAL (Specify) 24e. REC'D BY REGISTRAR UNERAL DIRECTOR 24b. REGISTRAR'S SIGNATURE VS. A15ME 5M 7/59 C. Thur & Thomas



STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH plnous within 24 hours afte PLACE OF DEATH USUAL RESIDENCE (Where deceased hyed, If institution, Residence before admission) a. COUNTY b. COUNTY MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and giva nearest lown) EASTON d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street addless) a. IS RESIDENCE ON A FARM? YES NO NAME OF carrificate be executed complete Middle 4. DATE Last Month DECEASED OF (Type or print) DEATH 19 and cor S. SEX AGE (In years | IF UNDER I YEAR DATE OF BIRTH MARRIED NEVER MARRIED last-birthday] Months I Days Hours WIDOWED [C]. DIVORCED physician 10a. USUA, OCCUPATION (Give kind of work 12. CITIZEN OF WHAT COUNTRY? & State, or foreign country) done during most of working life, even if retired) LABOTE 13. FATHER'S NAME aftending 흕 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.1 (Yes, no, or unkown) ((Ifyes give war or dates of service) hospital or attending physician. certificate has been signed by the 18. CAUSE OF DEATH (Enter only one cause per ing for (a), (b), and (c) ONSET AND DEATH PART I, DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) the burial-fransit DUE TO Conditions, il any, which (6) gave rise to immediate cause **DUE TO** burial, (a), slating the undarlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 179, WAS AUTOPSY RERFORMED? NO 20a. ACCIDENT WAS UNDERLYING TO OR CONTRIBUTING TO CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Part II of flom 18.) DIRECTOR: After this (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY 20e. PLACE OF INJURY (Home, farm, (State) Month, Day, Year 20d. INJURY OCCURRED 20f. (City or town) (County) factory, straet, office bldg., etc.) While Not While Hour a.m. at work at work p.m. hospifall the deceased from..... ..., to....., 19...., that (I) (we) last 21. I certify that 3M, from the causes and on the date stated above. saw the deceased Zand that death occured at 2. 22a. SIGNATURE 22b. DATE ATTENDING DIRECTOR PHYS. PHYS. 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) TO FUNE director, 1 23a. BURIAL, CREMATION, 123b. OF CEMETERY OR CREMATORY 23d. LOCATION (City, lown or county) (State) REMOVAL (Specify) 25b. REGISTRAR'S SIGNATURE FUNERAL DIRECTOR'S SIGNATURE 250. REC'D BY REGISTRAR VR A15 (4) 1SM 7/61

MARYLAND STATE DEPARTMENT OF HEALTH



VR A1S (4) 1SM 9/59

MARYLAND	STATE	DEPARTMENT	OF HEALTH
ON OF STATISTICAL	RESEARCH	AND RECORDS - I	BALTIMORE 1, MARYLAND

01170 CERTIFICATE OF DEATH

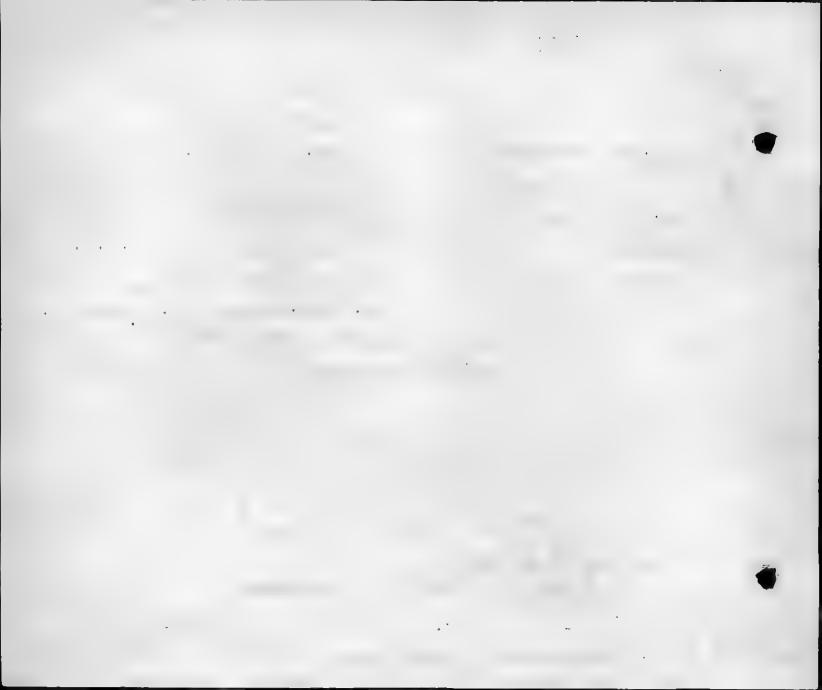
01156

	ACE OF DEATH COUNTY				2	USUAL RESIDENCE (WI	tere decoased live	d. If institution	n, Residence I	pefore admis	ston)
0.		bot		MARYL	AND		ınd	b. COUNTY	albot		
b.		outside corporate lim	its, write	c. LENGTH OF STAY IN	d i b	c. CITY OR TOWN (If o	outside corporate	limits, write RU	RAL and give	nearest low	n}
		hman		43 yrs	3 ∦.	Tilghm	nan				
d	OR INSTITUTION	L (If not in hospital g	give street	oddress)		d. STREET ADDRESS					SIDENCE A FARM?_
_	Main	Street				Main S	Street			YES [
3. N	AME OF ECEASED	Fi		Middle		last	4. DATE	Mont	Ann	Doy	Year
	ype or print)	Isab	el	Jan e	H	inkle		anua ry			19 62
S. SE	Х	6 COLOR OR RACE	7 MARE	RIED NEVER MARRIED	B	DATE OF BIRTH	9 /	GE (In years			
	Female	White	WIDOWI		T71	ov. 18,191	L8 4	3 уп.			
10a	USUAL OCCUPATION during mast of working	N (Give kind af working life, even if retired	dane 10b	KIND OF BUSINESS OR	INDUSTR	11. BIRTHPLACE (Stote		y)	12. CITIZEN	OF WHAT	COUNTRY?
	housew		<u>'</u>	housewife	е	Maryland	1		US	5A	
13. F	ATHER'S NAME		·			14. MOTHER'S MAIDEN N					
	Oscar	Harrison	Pag	е	İ	Ethel ?	fay Bal	1			
				SOCIAL SECURITY NO	17 INFO	RMANT		Addre	ess		
{Yes.	no. or unknown] [II	yes, give wor or dates of :	ervice)		Wal	ter W. Hir	nkle. I	ilghma	in. Ha	rvla.	nd
H			une per li	ne for (a), (b), and (c).)			+			INTERVAL B	FTWFFN
	PART I. DEAT	H WAS CAUSED BY	1 00	are of the same term		- mul	nell-	2 De		ONSET AND	
	1 1 799 1	IMMEDIATE CAUSE (c		nce y	w	7		- 7		12%	
ш	121	DUE TO			0	112 00/2-	11/2/	7	1	14	
	gove rise to immediate (b) And mutation of the first of t										
Н	couse (a), sloting to) '			V					
	lying couse lost.) (0	:)(
Š Š	PART II. OTHI	ER SIGNIFICANT CON	DITIONS	CONTRIBUTING TO DEAT	TH BUT NO	OT RELATED TO THE TERM	INAL DISEASE CO	INDITION GIVE	NIN PART 1	o) 19. WAS	AUTOPSY ORMED?
181											NO [
CERTIFICATION	20a, ACCIDENT WAS	UNDERLYING CAUSE OF DEATH	20b DES	CRIBE HOW INJURY OC	CURRED (Enter noture of injury in	Port 1 or Port II o	of item 18.)			
	IF EITHER, NOTIFY		L,	1			7				
MEDICAL	Oc TIME OF INJURY Hour p. m.	Month, Doy, Ye	ar 20d. I While		lice. PLACI factor	OF INJURY (Home, farm y, street, office bldg., etc	n, 20f. (City or	lown)	(Cou	nly)	(Slote)
W.E.	р. т.	19	at wor								
1 [21 I certify that	(I) (this haspita	l) attend	ded the deceased f	ram L	elly 19	61.10/2	2278	196/	, that (I)	(we) last
1 1	saw the decease	,	20	/ /	1	th occurred a	M, from the	Called and	7/		, , ,
	22a SIGNATURE		V	Walter Gild I	That dec	Tocerted diff	ANT, TIDITI THE	cooses one	on me c		26 DATE
Н	NIR	127 VIV	119	elala	-	ATTENDING M	ED.	TAFF			SIGNED
1 1	22c PHYS/CIAN'S	far VIII	V.V.			22d. ADDRESS	TRECTOR .				
1.1	MAYNE (Type)	Guy M. R	eese	er. Sr.		Tilghos	an, Mai	yland			
22"	BLRIAL, CREMATION				TERV OC		-				
230	REMOVAL (Specify)	230 DATE THERE	J F	23c NAME OF CEMET			23d LOCATION			(Sta	/T∈)
	Burial	11/10/62		Methodis	t Ce	metery			aryl	and	
24 F	LINERAL DIRECTOR'S	SIGNATURE		ADDRESS		2So. REC*	D BY REGISTRAR	25Ь, REGIS	TRAR'S SIGN	ATURE	
	1 della	20000	20	Tilghma.	n, M	d. DATEJA	N 1 0 '62	Cart	lun S. 97	Juan lot	
7	I PANS	Toore	_								



70 A	01171 CERTIFICATE OF DEATH	57
physician and completely d in by the funeral se remove carbon, papers. A sizes 1 and 2 should a any event within \$2 hours after death.	1. PLACE OF DEATH S. COUNTY Talbot County MARYLAND b CITY OR TOWN (if outside corporate limits, write RURAL and give nearest lown) Easton d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) 36 S. Washington Street 3. NAME OF DECEASED (Typs or print) Martha Truman Holbein 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED NOV. 12, 1889 2. USUAL RESIDENCE (Where deceased lived, If institution Rasidence as STATE b. COUNTY Maryland c. CITY OR TOWN (1 outs de corporate limits, write RURAL and give maryland c. CITY OR TOWN (1 outs de corporate limits, write RURAL and give maryland c. CITY OR TOWN (1 outs de corporate limits, write RURAL and give maryland c. CITY OR TOWN (1 outs de corporate limits, write RURAL and give maryland c. CITY OR TOWN (1 outs de corporate limits, write RURAL and give maryland c. CITY OR TOWN (1 outs de corporate limits, write RURAL and give maryland c. CITY OR TOWN (1 outs de corporate limits, write RURAL and give maryland c. CITY OR TOWN (1 outs de corporate limits, write RURAL and give maryland c. CITY OR TOWN (1 outs de corporate limits, write RURAL and give maryland c. CITY OR TOWN (1 outs de corporate limits, write RURAL and give maryland c. CITY OR TOWN (1 outs de corporate limits, write RURAL and give maryland c. CITY OR TOWN (1 outs de corporate limits, write RURAL and give maryland c. CITY OR TOWN (1 outs de corporate limits, write RURAL and give maryland c. CITY OR TOWN (1 outs de corporate limits, write RURAL and give maryland c. CITY OR TOWN (1 outs de corporate limits, write RURAL and give maryland c. CITY OR TOWN (1 outs de corporate limits, write RURAL and give maryland c. CITY OR TOWN (1 outs de corporate limits, write RURAL and give maryland c. CITY OR TOWN (1 outs de corporate limits, write RURAL and give maryland c. CITY OR TOWN (1 outs de corporate limits, write RURAL and give maryland c. CITY OR TOWN (1 outs de	ON A FARM? YES NO Year 1962 IF UNDER 24 HRS. Hours Min. F WHAT COUNTRY
ficate has been signed by the attending as the burial-transit permit. Then pleas to burial, cremation, or removal, and in	Charles Edward Holbein 15. WAS DECEASED EVER N.U.S. ARMED FORCES? [16 SOC AL SECURTY NO. 17 INFORMANT [Ves, no, or unknown] [Iliyosgive war or detes of service] NO 18. CRUSE OF DEATH [Enter on y one cause per line for (a), (b), and (c)] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any which gave rise to immediate cause (a), stating the underlying cause last. (c) Charles Edward Holbein Elizabeth Jones Address Mrs. Mary E. Strickler-36 S. Washingth Cause In Mary E. Strickler-36 S. Washingth Conditions, if any which gave rise to immediate cause (a), stating the underlying (b) Cause last.	ERVAL BETWEEN SET AND DEATH 48 AFS
NE. L. DIRECTOR: After his certify, p. 96-3 should be defached for use d.w. h. the State Dept. of Health prior	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Pert I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year Hour a.m. 9 While Not While at work 19 at work 19 at work 19 at work 19	(State)
A VIS (4) Se filed & VIS (4) Se MS (5) Se MS (6) MS	238. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) 1-3-62 Mt. Olivet Cemetery Baltimore, Maryland 24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 25b. REC'D BY REGISTRAR 25b. REGISTRAR 25b. REGISTRAR'S SIGNAL DATE	

MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



	01173	CERTIFICA	IE OF DEATH		41159
	PLACE OF DEATH		2 USUAL RESIDENCE (Who	ere deceased lived. If institution: Res	sidence befare admission)
	TALBOT	MARYLAND	MARY	LAND 6. COUNTY J	AL-1301
	b. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town)	c LENGTH OF STAY IN 16	c. CITY OR TOWN (If or	utside carporate limits, write RURAL o	and give nearest town)
	EASTON	7 mo.	19 ZAST	0 N	
	d NAME OF HOSPITAL (If not in hospital, give street OR INSTITUTION	oddress)	d STREET ADDRESS	- D	e. IS RESIDENCE ON A FARM?
_	672NOVER 1	TD	62200	VERNO	YES NO
	NAME OF First	Middle	/ Last	4. DATE Manth	Day Year
-	(Type or print) WALTER	(OZUMBUS	LANKFORD	DEATH VAN.	19 1962
. !	A// 1//		B DATE OF BIRTH	last birthday) Mani	IDER I YEAR # UNDER 24 HRS
-	WIDOW WIDOW		MUG. 18,181	6 8 yrs	CITIZEN OF WHAT COUNTRY?
va	usual occupation (Give kind of work done 10b or mg most of working life, even if retired)		1	ar fareign country) 12	CITIZEN OF WHAT COUNTRY?
2	FATTE NEEPER /	TIVATE ESTA	14. MOTHER'S MAIDEN N	-AND	1-4-17
J	7-20 Marinal	A 44.65	7	3 C.	/
5	WAS DECEASED EVER IN U. S. ARMED FORCES? 16.	SOCIAL SECURITY NO. 17. IN	IFORMANT	PWHEATLE	7
Ye	s, pa, ar faknown) (If yes, give war or dates of service)	-21-14-1209 M	PY GERRAZ	of Hurens =	PUTOVERI
=	IB. CAUSE OF DEATH Enter only one cause per li		ALD. CHIEFFAI	THE TO I	INTERVAL BETWEEN
	A PART I. DEATH WAS CAUSED BY:	tonton ou On	n 0/00/101	Octim	ONSET AND DEATH
	IMMEDIATE CAUSE (a)	Mark Care	700		27/NOCYOL-02-
	Canditions if any which	Ceronana	anterry	disease	Unknow
	gave rise to immediate	00 1-40 3	8		0
	lying cause last. (c)				
5	PART II. OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMI	NAL DISEASE CONDITION GIVEN IN	PART 1(0) 19 WAS AUTOPSY PERFORMED?
3					YES NO NO
Ē	200 ACCIDENT WAS UNDERLYING 1 206. DES	SCRIBE HOW INJURY OCCURRED	CEnter nature of injury in F	Part I or Part II of item 18.)	<u> </u>
5	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)				
5			ACE OF INJURY (Home, farm, tary, street, affice bldg, etc.	, 20f. (City ar tawn)	(Caunty) (State
N N	Haur a.m p.m, 19 at wa		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
	21. I certify that (I) (this hospital) atten-	ded the deceased fram	1-6 19	62 10 1-19 1	1962 that (1) (we) last
	saw the deceased alive on_1 -8_	1962 and that d	leath accurred at 10	M, from the causes and on	the date stated above
	22a. SIGNATURE		ATTENIDING 4 445	CT CT CT	226. DATE SIGNED
	Robert W. Tr	were		ED STAFF RECTOR PHYS	1-22-62
	22c. PHYS CIAN'S NAME (Type) RUBERT W. T.		22d. ADDRESS	Doven St.	Easton, Md
		MEVER_	202	1100-50 /501	KILESTON, J. 100
30	BURIAL CREMATION, 236 DATE THEREOF	23c NAME OF CEMETERY O	R CREMATORY	23d. LOCATION (City, town, or cause	nty) (State)
	NAN,23, 61	CAMBRIDG		CATISRIDGE	/-//
4	FUNERAL PRECEDENT SIGNATURE	ADDRESS	25a. REC'1		
	11 WOON FRIO	KILL	DATE JA	N 2 4 '62 Chrima	2. Thrusa



BALTIMORE 1. MARYLAND Division of STATISTICAL RES FOR STATE 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed livad, if institution: Ray'dence belore admission) . COUNTY _ director, Page b. COUNTY -MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 ď NORA /- LAS JON d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) a. 15 RESIDENCE ON A FARM? YES NO to the fur 3. NAME OF Middle 4. DATE Day DECEASED OF DEATH (Typa or print) 19 PATE OF BIRTH IF UNDER 24 HR 7. MARRIED X NEVER MARRIED Z Z Hours WIDOWED [DIVORCED and 2 72 hour 10a. USUAL OCCUPATION (G v6 k nd of work 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) pages 13. FATHER'S NAME MOTHER Dermit. (Yas, (If yas giva war or dates of service) Office along with burial-transit permi INTERVAL BETWEEN Ξ, ONSET AND DEATH PART I. DEATH WAS CAUSED BY: and IMMEDIATE CAUSE (a) **DUE TO** removal, Conditions, if any, which (b) gave rise to immediate causa "pending" Medical Examiner's 10 DUE TO (a), sletting the underlying 100 causa last. used cremation, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1/01/19. WAS AUTOPSY CERTIFICATION PERFORMED? 2 NO I should 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of Injury in Pert I or Pert II of item 18.) 20a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. Chief the certificate, writing es. orwarded to the Chief 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (Stata) factory, street, office bldg., etc.) 2 While Not While Hour a.m. at work et work p.m. agent, prior 21. I certify that I took charge of the remains described above, held an Autopsy i Inspection Inquiry and in my opinion Natural causes death resulted from:.. Accident Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER designated ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE FUNERAL EXAMINER'S DEPU pluous NAME (Type) Address (Street, city, town, or county) BURIAL, CREMATION. OF CEMETERY OR CREMATORY LOCATION [City, town, or country) MOVAL (Spacify) UKIA JINERAL DIRECTOR ö 0 24s. REC'D BY REGISTRAR 24b, REGISTRAR'S SIGNATURE VS. ATSME 2 3 '62 enmall & Towns

AND STATE DEPARTMENT OF HEALTH



DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1. MARYLAND 01175 CERTIFICATE OF DEATH be filed with 2 USUAL RESIDENCE (Where deceased lived. Wi Institution: Residence before admission director executed within 24 hours ofter death. Page PLACE OF DEATH a. COUNTY a. STATE b. COUNTY Talbot MARYLAND Talbot arvland he funeral of hould be fil b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) mos Trappe d. NAME OF HOSPITAL (If not in haspital, give street address) d. STREET ADDRESS a. IS RESIDENCE OR INSTITUTION ON A FARM? Main Street ain Street YES NO TO -NAME OF Middle 4. DATE First Last Month Day Year filled DECEASED OF DEATH Pages Jane (Type or print) Marv Reed January 19 62 death 9 AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 5. SEX 6 COLOR OR RACE 7 MARRIED ☐ NEVER MARRIED ☐ B. DATE OF BIRTH campletely last birthdoy) Months hours ofter White Female 1890 arch WIDOWED XX DIVORCED | papers. 10a USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12, CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) housewife Virginia USA houswork pup 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Thomas Thornton Ellen Daisv 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 17 INFORMANT Address 16. SOCIAL SECURITY NO no none George Reed Trappe Warvland attending INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per lime for (o), (b), and ONSET AND DEATH ᇻ PART I. DEATH WAS CAUSED BY: 포 DUE TO Š Conditions, if ony, which removal permit gned gave rise to immediate **DUE TO** couse (a), stoting the underhas been si ysician. burial-transit lying couse last. ö PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY PERFORMED? YES INO D ATTENDING PHYSICIAN: The 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) WEDICAL 20c. TIME OF INJURY 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f (City or town) (State) Day. Year (County) foctory, street, office bldg, etc. While o. m Not while at work at work 1962 that (1) (we) last 21 I certify that (i) (this has attended the deceased fram and that death accurred LO: 4M, that the causes and an the date stated above by the ECTOR: / saw the deceased alive an 22o. SIGNATURE 22b DATE SIGNED ATTENDING PHYS STAFF MED DIRECTOR M.D. 80 22c PHYSICIAN 22d. ADDRESS NAME (Type noy be religious bage 3 she Donald Bartley. Easton, Md. page 3 shi the State E BURIAL, CREMATION, 236 DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City, tawn or county) (Stote) REMOVAL (Specify) Remova Bunting Cemetery Chincoteague. 0 ADDRESS 250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24. EUNERAL DIRECTORS SIGNATURE Easton, VR A15 (4) DATE 15M 9/59

MARYLAND STATE DEPARTMENT OF HEALTH

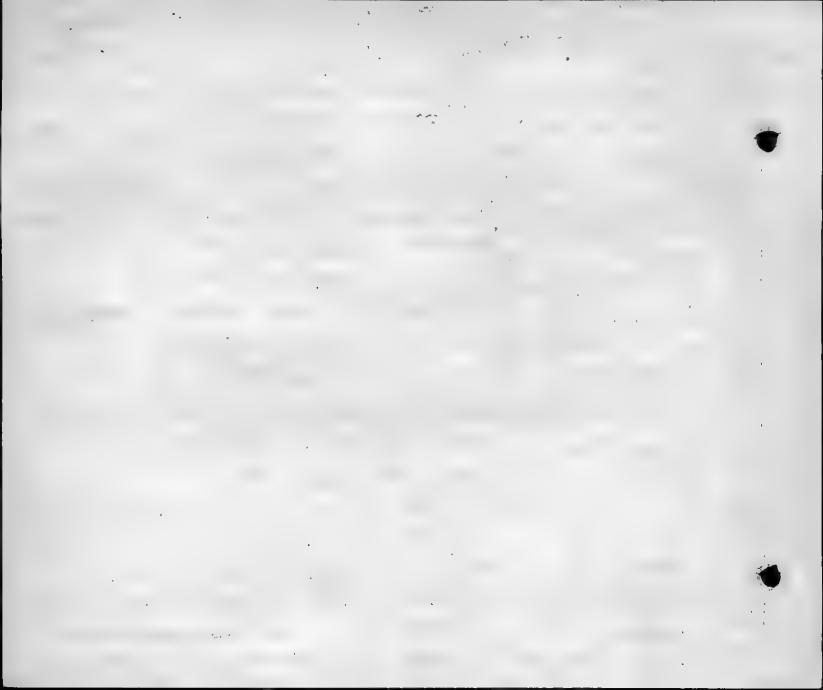


VR A1S {4} 15M 9/59

	1112 411	YLAND STATE D		LTH , MARYLAND	
	04450	CERTIFICA	TE OF DEATH		0.1162
	1. PLACE OF DEATH COUNTY Talbot	MARYLAND	2. USUAL RESIDENCE (Where deceed on STATE Maryland	b. COUNTY Talbo	te before admission)
	b. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	 	rparate limits, write RURAL and g	give negrest town)
	Easton	life	29 Easton		
	d. NAME OF HOSPITAL (If not in haspitol, give street or OR INSTITUTION N. Aurora St.	ddress}	d. STREET ADDRESS 120 N. Au	rora St.	e. IS RESIDENCE ON A FARM2. YES NO 4
	3. NAME OF First (Type or print) Cornelia	Middle Sarah	Roberts 4. DAT	Month THJanuary 12	Day Year 19 62
1	S. SEX 6. COLOR OR RACE 7. MARRI		B. DATE OF BIRTH	lost birthday) Months	1 YEAR IF UNDER 24 HRS Days Hours Min.
Ĵ	Female White WIDOWE	-	Feb. 27, 1879		
	10c. USUAL OCCUPATION (Give kind of work done 10b K during most of working life, even if retired) HOUSEWORK	Housewife	Maryland		ZEN OF WHAT COUNTRY? USA
	13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	. Meth	
	J. B. Mulder	1	Sarah Hodde		
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. S (Yas, no, or unknown) (If yes, give wor or dotes of service) 21.	4 32 5395 MI	es. Norris Elli	ott, Easton,	ngton St. Maryland
	PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a)	e for (a). (b). ond, (c).)/ Chral Hen	ronlage		INTERVAL BETWEEN ONSET AND DEATH
	Canditians, if ony, which) the	resteusi	ich.		4-5 year.
	gave rise to immediate cause (a), stating the under-lying cause lost.		*		
	(-)	ONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DIS	EASE CONDITION GIVEN IN PAR	T ?(o) 19. WAS AUTOPSY PERFORMED? YES IN NO IN
	PART II. OTHER SIGNIFICANT CONDITIONS CO	RIBE HOW INJURY OCCURRE	D. (Enter nature of injury in Port I ar	Port II of item 18.)	ISLI NO A
		JURY OCCURRED 20e. PL	ACE OF INJURY (Home, form, 20f. (City ar town) (6	Caunty) (State)
	20c. TIME OF INJURY Month, Doy, Year 20d IN Hour o. m. While at wark	Not while for	ctary, street, affice bldg., etc.)		
	21. 1 certify that (I) (this haspital) attended	/	7-8 1807		that (I) (we) last
	sow the deceosed olive on	1967 ond that a	/	om the couses and an the	22b, DATE
	William & Willes	'p	M.D. PHYS. MED. DIRECTOR	STAFF PHYS	1-12-62
į	22c. PHYSICIAN'S NAME (Type)	nters, M.D.	22d. ADDRESS Easton. Mary	vland	
	230. BURIAL CREMATION 23b. DATE THEREOF	nters, M.D.		CATION (City, town, or county)	(Stote)
	Removal (Specify) Burial 1/15/62	Spring Hill			-
	24 FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	250 REC'D BY REC		
	tanton and	Easton,	Md. DAHAN 16'E	12 Clathun S. H	tall&
	W. Aramoton Carroll				



1	MARYLAND STATE DEPARTMENT OF HEALTH
FUD CLATE	Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
REALTH DEPT.	1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, (f Institution: Residence before admission)
sary, Page les.	. COUNTY TALBOT BARYLAND C. STATE NO. COUNTY TALBOT
Files.	b. CITY OR TOWN (if pulside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (if pulside corporate limits, write RURAL and give nearest town)
الما فاق فرقا	CORDOVA SYIS. X TRAPPE
Boar	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO NO YES NO YES NO NO YES
fur fur itate ath.	3. NAME OF First Middle Last 4. DATE Month Day Year
If any the fur retain he Sta r deatl	(Type of print) (- PORGEANNA B. RODEAS DEATH Jan 14- 1962
電影の電影	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. Is birthday) Months Days Hours Min.
and de s	TEMATE NEGIO WIDOWED DIVORCED X 6-21-17 4440.
afte 1, 2, 1e 5 1e 5 2 h 2 h	TDe. USUAL OCCUPATION (Give kind of work 100. KIND OF BUSINESS OR INDUSTRY) 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY 13. CITIZEN OF WHAT COUNTRY 14. CITIZEN OF WHAT COUNTRY 15. CITIZEN OF WHAT COUNTRY 16. CITIZEN OF WHAT COUNTRY 17. CITIZEN OF WHAT COUNTRY 17. CITIZEN OF WHAT COUNTRY 18. CI
ours ges 1 Pes 1 in 7	13. FATHER'S NAME
o Par M3. With	13. FATHER'S MAIDEN NAME 14. MOTHER'S MAIDEN NAME 16. MOTHER'S MAIDEN NAME 17. MOTHER'S MAIDEN NAME 18. MOTHER'S MAIDEN NAME
E E E	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 18. SOCIAL SECURITY NO. 17. INFORMANT
With Solution V	(Yes, no, or unkown) (If yes give war or detos of service) 219 024/89 Rues mon & Siley - TRagge, md.
Witem Wiltern Per	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] [INTERVAL BETWEEN ONSET AND DEATH
exection in formal in form	PART I. DEATH WAS CAUSED BY: MESSIVE BUTCH FOR MAKEL
Dence a la l	703 0 COUETO GII.
Puri Puri	Conditions, if any, which are the course (b) Tellon ICC+ STVKLN VELA
te standard and a sta	(e), stating the underlying DUE TO
ifica pen sed in.	Cause lest. [c] PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY
Tage of the state	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO BEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1877 PERFORMED? YES X NO F-1
This dica	20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED. (Entag nature of injury in Part II or Part II of Itam 18.)
ER: As the	20a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Port I of Item 18.) 10 CAUSE OF DEATH.
Min Min Chiel o bu	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20s. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State)
XA. B. W. O. C. T. C.	C5 p.m. 1-13 1962 et work at work & HOME INV CETAEVA IRIBET VNA
ficat ficat ficat ficat ficat ficat ficat ficat ficat ficat ficat ficat ficat ficat ficat ficat ficat ficat ficat pro pro pro pro pro pro pro pro pro pro	21. I certify that I took charge of the remains described above, held an Autopsy . Inspection . Inquiry and in my opinion
Corrigion Production P	death resulted from: Natural causes . Accident . Suicide . Homicide . Undetermined manner . CHIEF MEDICAL EXAMINER .
MEDI the corvar orwar DIR	BOTTIBL AMAGE AND ASSISTANT MEDICAL EVAMINED DETERIGNED
d be for a signal	BIGNATURE
	EXAMINER'S NAME (Type) WELTY Address (Streel, city, town, or county)
shoul FUN its d	22a. BURÍAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) (State)
g 4 0 g	BUNIAN 11-17-61 IKAPPECENI. YNHITE MIG.
VS. A15ME	Colored Robert MI
5M 9/60	Tresses , Washell - Stizion, 1110, I DAMIN 16'62 1 Circhia S. Through



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH funeral should PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, if institution: Residence before edmission) COUNTY a. STATE b. COUNTY by the land 2: death. MARYLAND Dorchester b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) δ write RUBAL and give neerest town) .5 Cambridge. Md. within d NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS Stone Boundry Road executed completely NAME OF 4. DATE Month DECEASED OF (Type or print) DEATH A III carben 5. SEX 1 8. DATE OF BIRTH AGE (In years HE UNDER I YEAR 7. MARRIED T NEVER MARRIED and last birthday) Months Male WIDOWED [1960 DIVORCED | Nov. VIS. поуе 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Dorchester Co. ā 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME attending Darius Slacum Mary Jane Burton 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 1 16. SOCIAL SECURITY NO. 1 17. INFORMANT Address (Yes, no, or unkown) | (If yes give wer or detes of service) Stone Boundry Road, Camb. Mrs. Darius Slacum 18. CAUSE OF DEATH |Enter only one cause per line for (e), (b), and (c). PART I. DEATH WAS CAUSED BY. on dome of Chronic Nephratis IMMEDIATE CAUSE (a)_ DUE TO Conditions, fany which (Ы geve rise to immediate cause **DUE TO** (a), stating the underlying cause last. 钟 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a): 19. WAS AUTOPSY CATION 2 S CERTIFIC 20a ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Part II of item 18) OR CONTRIBUTING CAUSE OF DEATH 20c. TIME OF INJURY Month, Day, Year 20d, INJURY OCCURRED | 20e, PLACE OF INJURY (Home, form, 1 20f. (City or town) factory, street, office bldg., etc.) While Not While Hour e.m. ef work et work p.m. DIRECTOR: 1966 21 I certify that (I) (this hospital) attended the deceased from A... 2...... 19.62: that (I) (we) last 1962 and that death occurred at 40M, from the causes and on the date stated above. saw the deceased alive on ATTENDING X MED STAFF DIRECTOR PHYS. 22c. PHYSICIAN 22d, ADDRESS NAME (Type) FUNE 23c. NAME OF CEMETERY OR CREMATORY 230. BURIAL, CREMATION, 23b DATE THEREOF 23d. LOCATION (City, town or county) REMOVAL (Specify) Burial Dorchester Mem. 258. REC'D BY REGISTRAR'S SIGNATURE VR A15 (4) MODATE JAN

MARYLAND STATE DEPARTMENT OF HEALTH

IS RESIDENCE ON A FARM?

YES NO S

IF UNDER 24 HRS.

INTERVAL BETWEEN ONSET AND DEATH

mo.

PERFORMED? NO

(State)

27b DATE

(State)

-21-62

SIGNED

Days

U.S.A.

(County)

15M 7,61



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18





MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before edmission) PLACE OF DEATH a. COUNTY **b.** COUNTY Talbot Talbot. MARYLAND E. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearast town) b. CITY OR TOWN (if outside corporate I mits. write RURAL end give neerest town) 20 years Cordova Cordova a. IS RES DENCE di NAME OF HOSPITAL OR INSTITUTION (if not in haspital, giva street eddresse ON A FARM? YES NO Year 4. DATE Month OF DECEASED DEATH (Type or print) 1962 January 2 NELLTE ROSE SWARTZ 9. AGE (In years IF UNDER I YEAR 6. COLOR OR RACE 7. MARRIED T NEVER MARRIED IF UNDER 24 HRS. 8. DATE OF BIRTH lest b'rthdey) Months Aug. 27. 10e. USUAL OCCUPAT ON (GIVE Kind of work 12. CITIZEN OF WHAT COUNTRY? 10b. K NO OF BUSINESS OR INDUSTRY BIRTHPEACE County & State or foreign country) done during most of working life, even if retired) Talbot, Maryland housewife 14. MOTHER'S MA DEN NAME 13. FATHER S NAME Sallie Faulkner Toseph Wooters 16. SOCIAL SECURITY NO. | 17. INFORMANT 15. WAS DECEASED EVER IN J.S. ARMED FORCES? Address (Yes, no, or unkown) | (Ifyes give war or dates of service) Cordova. Md. Mr. Carl Swartz 21 5-1 4-3085 INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only on a ceuse per lipe for (a), (b), end (c).] ONSEL AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gava rise to immediate cause DUE TO (a), stating the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a), 19. WAS AUTOPSY PERFORMED? NO 1 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Pert I or Part II of Item 18.) 200. ACC DENT WAS UNDERLYING [] | OR CONTRIBUTING CAUSE OF DEATH 20d, INJURY OCCURRED 20s. PLACE OF INJURY (Home, farm, : 20f. (City or town) (County) (Stata) 20c, TIME OF INJURY Month, Dey, Year factory, street, office bldg., etc.) Not While Hour e.m. While at work at work 196/, to 1/2, 19.63-that (I) (we) last 21. I certify that (I) (this hospital) attended the deceased from. 10/3 2 19.62 and that death occured at 22AM, from the causes and on the date stated above. saw the deceased alive on... 22h. DATE ATTENDING. 22a. SIGNATURE STAFF SIGNED AAFO. DIRECTOR PHY5. 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type 12 N. Hanson St. Easton, Maryland Eglseder 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) 238. BURIAL, CREMATION, 236. DATE THEREOF REMOVAL (Specify) Hillsboro, Maryland Greenmount Cemetery Burial 25e. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE ADDRESS 24 FUNERAL DIRECTOR'S SIGNATURE Maurice E. Newnam & Son Easton, Maryland DATE JAN 5 arthur & Kroun

funeral

by the and 2 seath,

carbon

please

affend

is certificate has been signed by the for use as the burial-transit permit, i prior to burial, cremation.

DIRECTOR:

HOSPI eath. FUNE

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YR A15 (4)

15M 9/60

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executed

2 4/25 WAY!

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution, Residence before admission) 1. PLACE OF DEATH a. COUNTY b. COUNTY Talbot Page Health. is necessary files. Talbot arvland MARYLAND b. CITY OR TOWN (f outside corporate limits. E. LENGTH OF STAY IN 16 c. City OR TOWN (f outside corporate I mits, write RURAL and give nearest lown) director. YOUR write RURAL and give neerest lown! Raston minutes Raston d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give streat address) a. IS RES DENCE d. STREET ADDRESS ON A FARM? 318 Dover Memorial Hospital State YES TO NO T vuld be executed within 24 hours after death. If any de in pencil in them 18. Give Pages 1, 2, and 3 to the fur-3. NAME OF 4. DATE Middle Month Day DECEASED the 19 62 (Type or print) Ronald Frederick White DEATH January may be 1 2 with th B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 7. MARRIED NEVER MARRIED Jast birthdey) | Months Male and 2 Feb. WIDOWED [DIVORCED 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? Page done during most of working life, even if retired) Propietor Resturant Marvland USA along with form PM3. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Margaret White Schlosser George 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT 252 Adwest Street (Yes, no, or unkown) Mrs. Helen White, Annapolis, Maryland ves 18. CAUSE OF DEATH [Enter only one cause par line for (a), (b), and (c). INTERVAL BETWEEN .⊆ ONSET AND DEATH Coronery ocalusion PART I. DEATH WAS CAUSED BY: and IMMEDIATE CAUSE (a) Office DUE TO burial removal, Conditions, if any, which Examiner's (gave rise to immediate cause "pending" **DUE TO** (a), stating the undarlying 6 ion, PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION G VEN IN PART 1(a), 19. WAS AUTOPSY CERTIFICATION PERFORMED? the certificate, writing the word invarded to the Chief Medical Editector: Page 3 should be cremat NO [20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of Injury In Part I or Pert II of item 18.) PRIMARY IT OF CONTRIBUTING IT CAUSE OF DEATH. 20d. INJURY OCCURRED , 20e. PLACE OF INJURY (Homa, form, 20c. TIME OF INJURY 20f. (City or town) (County) Month, Day, Year (State) factory, streat, offica bldg., etc.) Not While 0 Hour a.m. at work forwarded to the at work prior inspection Inquiry and in my opinion death resulted from. Natural causes Accident Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER designated ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED should L. for SIGNATURE DEPUTY MEDICAL EXAMINER EXAMINER'S January DEPUT Louis S. Welty, NAME (Typa) Address (Street, city, town, or county) 220. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d, LOCATION (City, town, or country) (State) REMOVAL (Specify) Q H ъ <u>5</u>40 Burial Bloomery Federalsburg Roral 24a. REC'D BY REGISTRAR I 24b. REGISTRAR'S SIGNATURE 23. FUNERAL DIRECTOR ADDRESS VS. AISME JAN 1 5 '62 O. Thur & Heart 5M 7/59 Easton. Md ton



15M 9/59

MARYLAND STATE DEPARTMENT OF HEALTH

e. IS RESIDENCE ON A BARM?

Hours

INTERVAL BETWEEN

ONSET AND DEATH

PERFORMED? YES NO

(Stote)

22b DATE

SIGNED

12 CITIZEN OF WHAT COUNTRY?

Day

Dovs

(County)

Cothur & Heneta

Months.

YES NO

Year



FOR STATE HEALTH DEPT

director, Page or your files. d of Health,

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any teplease et the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the fund a should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2, with the State or its designated agent, prior to burial, cremation, or removal, and in any event within 7.2 fedure, after death.

VS. AISME 5M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

٠	1. PLACE OF DEATH e. COUNTY	, ,	2. USUAL RESIDENCE (Whan	e deceased lived, If institution, Resi	idance before admission)		
	1 A L BOT MARYLAND		O. STATE NARY LATEND b. COUNTY TALBOT				
1		LENGTH OF STAY IN 16					
1	EASTON	10 cps 29 FASTON					
1.	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)		d. STREET ADDRESS e. IS RESIDENCE				
	AVON APT. J. WASHINGTON		S. WASHIN	BTON	YES NO		
	3. NAME OF Figst	Middle	Last 4. DAT	E Month C	Day Year		
	(Type or print)	ALICE	WILLSON DEA	TH VAN T	10 1962		
)	5. SEX 6. COLOR OR RACE 7. MARRIED	NEVER MARRIED 8.	DATE OF BIRTH	9. AGE (In years IF UNDER 1 YE			
	WIDOWED		VAN 70,1909	53 yrs.	ys Hours Min.		
	10s. USUAL OCCUPATION (Give kind of work download) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (stelle or oreign country) 12. CITIZEN OF WHAT COUNTRY?						
	DEAUTICIAN CUN DUSINESS TENNESSEE U.S.Y						
	13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	1			
	H.A. WAUGH MOLLIE ME QUEEN						
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SO (Yas, ne, or unknown) (Ifyasgivewerordetasofservice)	CIAL SECURITY NO. 17. 11	NFORMANT	Address GENITI	BY FUNGALLHA		
		1	ECORDS-	MOUNT	ALNCITY TENN		
	IE. CAUSE OF DEATH Enter only one cause per lina	for (a), (b), and (c).]	rooling		INTERVAL BETWEEN ONSET AND DEATH		
	PART I. DEATH WAS CAUSED BY:	101419	DECHISION	7	STITLE (
	DUE TO						
	Conditions, if any, which [b]						
	geve rise to Immediata cause [e), stating the underlying DUE TO						
H	cause last. (e)						
2	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(8) 19. WAS AUTOPSY						
	PART II. OTHER SIGNIFICANT CONDITIONS CONTR				PERFORMED?		
۱	20e. EXTERNAL CAUSE WAS PRIMARY Or CONTRIBUTING O						
П							
	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State)						
-	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 2De. PLACE OF INJURY (Home, farm, factory, street, office bidg., etc.) Hour e.m.						
	21. I certify that I took charge of the remains described above, held an Autopsy . Inspection . Inquiry . and in my opinion						
ı	death resulted from: Natural causes Accident Suicide Homicide Undetermined manner						
H	CHIEF MEDICAL EXAMINER						
	SIGNATURE TOMY	lely	M.D. ASSISTANT MEDICAL EXAM	AINER	DATE SIGNED		
-	ERAMINER'S NAME (Type)	METU	DEPUTY MEDICAL EXAMINE	/-	-707-6V		
	224. BURIAL, CREMATION, 226. DATE THEREOF 22	C. NAME OF CEMETERY OR	CREMATORY 22d. LOC	CATION (City, lown, or equatry)	(Stetn)		
	REMOVAL (Specify) AN-24-62	MOUNTAIN	1/1-11 N/	INTAIN CITY	TENN		
	23. FUNDAL PRECTOR 248. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE						
	Mother Esex (do	to M	DATE JAN 23		,		
J.		11	I DAIL				

FIFT I WHAT I 41 2 SALE OF BE DV Franklik The Contract of the Contract o PLACY NO ATTER LAND LOCAL SERVICE BUNGAL STATE STATE OF THE STATE paper over 1 (b) the state of the part of Division () 6.00 to a contract the second second The state of the s 18-947

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 01185 CERTIFICATE OF DEATH

100							
	1. PLACE OF DEATH	2. USUAL RESIDENCE (Where decessed lived, if Institution: Re	sidence before edmission)				
L	TALBOT MARYLAND	6. STATE MARYING B. COUNTY TA	lhot				
-	b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and	nive neerest town)				
П	write RURAL end give peerest town)	VDL 2 Enct	3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				
	EASTON & days.	NKT 3 - FHS/01					
1	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress)	d. STREET ADDRESS	6. IS RESIDENCE ON A FARM?,				
П	EASTER Memorial Hosp	•	YES NO DE				
	NAME OF First Middle	Last 4. DATE Month	Dey Yeer				
	(Type or print)	INCLUMENT DEATH JOA	1 11				
-	WICHOLAS MAILACHS	001130/	1900				
	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8	DATE OF BIRTH 9. AGE (In years IF UNDER 1:					
	MHE NEGYO WIDOWED DIVORCED	13 4 19 XX Wishday Months D	Pays Hours Min.				
	No. USUAL OCCUPATION (Give find of work done during most of working life, even if refired)	Y 11. BIR HPLACE (County & State, or foreign country) 12. CITI	ZEN OF WHAT COUNTRY				
П	done during most of working life, even if retired)	MARUINIA	150				
-	LATOOKER THEM MAINT	MINNYIAME	. 0,7.				
П	13. FATHER SNAME	14. MOTHER'S MAIDEN NAME					
	LOTMON WIJON	tsabelle Holmes					
		NFORMANT Address					
П	(Yes, no, or unkown) (If yes give wer or dates of service) 212-12-3448	Ressio Branks - Fosta	2 Ned				
=	18. CAUSE OF DEATH Enter only one cause perfline for (a). (b), end (c).]	Jessie Divons Mistor	I INTERVAL BETWEEN				
	PART I. DEATH WAS CAUSED BY:	10-X X151	ONSET AND DEATH				
	IMMEDIATE CAUSE (a) / CV/ CV/CV	Q77/7/15					
П	DI DUE TO	1 1/.					
ı	and the second of 1/01/to						
gave rise to immediate cause							
	(e), stating the underlying DUE TO						
	cause lest. (c) / 10/1/49/ 4 /00/700						
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART						
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 200. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH 101. CONTRIBUTING CAUSE OF DEATH 102. CONTRIBUTING CAUSE OF DEATH 103. CONTRIBUTING CAUSE OF DEATH 103. CONTRIBUTING CAUSE OF DEATH 104. CONTRIBUTING CAUSE OF DEATH 105. CONTRIBUTING CAUSE OF DEATH 106. CONTRIBUTING CAUSE OF DEATH 106. CONTRIBUTING CAUSE OF DEATH 107. CONTRIBUTING CAUSE OF DEATH 108. CONTRIBUTING CAUSE OF						
	200. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED	. (Enter neture of injury in Pert I or Pert II of item 18.)	7				
	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)						
			- 1				
		CE OF INJURY (Home, farm, 20f, (City or town) (Country, street, office bldg., etc.)	fy) (State)				
	p.m. 19 at work et work						
L	21. I certify that W (this hospital) attended the deceased from.	, 18, 10, 19	that (I) (we) las				
		death occured at					
ı	11-0-1-1-1-1	death occured an, from the causes and on it					
L	22e. SIGNATURE	ATTENDING MED STAFF	22h. DATE				
ı	the towner "	.D. PHYS. DIRECTOR PHYS.	12/7/40				
П	22c. PHYSICIAN'S I C I Sal	22d. ADDIESS	// //				
	130 E. C.T. DC17/77/11	Carlow, Illians	Munge				
1	23e. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY	OR CREMATORY 23d. LOCATION (City, town of gounty,	(State)				
ľ	RIDOVAL (Specify) And 1012 Till to	Man Tylytama	no!				
-	DUNIAI -11110, 1/cas I vy lown	-cm + 1100011	11111				
ľ	INFRAL DIRECTOR'S SIGNATURE 250. REGISTRAR'S SIGNATURE						
	James & coluel Color, h	DATE IAN 4 '62 Conthur &	Firma				
-							

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